OMB APPROVAL OMB Number: **UNITED STATES** 3235-0076 SECURITIES AND EXCHANGE COMMISSIGNED 8.E.C. May 31, 2005 Expires: ORIGINAL
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Name of Offering

Verance C

Filing Washington, D.C. 20549 Estimated average burden NOV I 9 2002 hours per response ...... 16.00 FORM D NOTICE OF SALE OF SECURITIES SEC USE ONLY 1086 Prefix Serial PURSUANT TO REGULATION D. SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Verance Corporation Series 1 Preferred Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) **Verance Corporation** Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121 (858) 202-2800 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Same as above. Same as above. Brief Description of Business

Developing digital rights management technology components and providing information services related to transmission, reception, or other usage of multimedia content.

Type of Business Organization			
□ corporation	limited partnership, already formed	other (please specify):	/ NOV 2 5 2002
business trust	limited partnership, to be formed		1 MAA 5 2 SCAS
	Month Year		THORAGO
Actual or Estimated Date of Inc	orporation or Organization: 0 8 9 9		THOMSON
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Postal Service abbre-	viation for State:	FINANCIAL
	CNC C I FNC A C : : :		

## CN for Canada; FN for other foreign jurisdiction) D E

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Petrocco, F. Mario Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Fox, Robert Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Friedman, Clifford H. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121 Beneficial Owner Check Box(es) that Apply: Promoter □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Wertheimer, Gregory L. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Rifenburgh, Richard P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121 Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Klueck, Cherri Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121 Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Cerasoli, Robert Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Angelico, Dean Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Winograd, Joseph M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Verance Corporation, 10145 Pacific Heights Blvd., Suite 200, San Diego, CA 92121 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) MMC Capital Business or Residence Address (Number and Street, City, State, Zip Code) 33 Hayden Avenue, Lexington, MA 02421 ☐ Director Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Constellation Ventures** Business or Residence Address (Number and Street, City, State, Zip Code) 383 Madison Avenue, New York, NY 10179 ☐ Beneficial Owner ☐ Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. II	NFORMAT	TION ABO	UT OFFE	RING	Table 1			
							,	-		,	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									$\boxtimes$			
Answer also in Appendix, Column 2, if filing under ULOE.								<b>ቀ</b> ሳ1 105	7.00			
2. What is the minimum investment that will be accepted from any individual?								φ <u>21,18,</u> Yes	<u></u>			
3. Does th	ne offering p	ermit joint	ownership (	of a single u	unit?		••••••	•••••	• • • • • • • • • • • • • • • • • • • •			
commis a person states, l	ssion or sim n to be liste list the nam	ilar remune d is an'asso e of the bro	ted for each tration for so ociated perso oker or deal forth the inf	olicitation of on or agent er. If more	of purchaser of a broker than five (	s in connect or dealer re (5) persons	tion with sa egistered w to be listed	les of secur	ities in the and/or wit	offering. If h a state or	•	
Full Name	(Last name	first, if ind	ividual)									
Not appli	icable.											
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer									
States in W	hich Perso	n Listed Ha	s Solicited of	or Intends to	o Solicit Pu	rchasers			···•			
(Check "/	All States"	or check inc	lividual Stat	ies)			• • • • • • • • • • • • • • • • • • • •			•••••	••••••	. 🔲 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	(Last name					[41]	[(1)	("A)		[ 44.1]	[111]	
Business o	r Residence	: Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated E	roker or De	ealer					*				
			s Solicited									
			lividual Sta									. All States
[AL] [IL]	(AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) [Ml]	[GA] (MN]	[HI] [MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)		· · · · · ·					,		
Business o	or Residence	: Address (i	Number and	Street, Cit	v, State, Zig	Code)						. <del>.</del>
2 40		(.		J. 121, J.	,, = 101, — p							
Name of A	Associated E	roker or Do	ealer	·								
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
			dividual Sta				*****************	***************				. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
IRII	[SC]	(SD)	(TN)	[TX]	IUTI	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗋 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ..... \$2,064,000.00 Equity..... \$2,064,000.00 ☐ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests \_\_\_\_)..... Other (Specify \_ \$2,064,000.00 \$2,064,000.00 Total..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors \$2,064,000.00 6 Accredited Investors.... Non-accredited Investors Total (for filings under Rule 504 only).... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505..... Regulation A Rule 504 Total..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AN	D USI	E OF PROCEEDS		
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C-proceeds to the issuer."	Question 4.a. This difference is the "adjusted	gross		\$2	2,004,000.00
5.	Indicate below the amount of the adjusted gross proce the purposes shown. If the amount for any purpose is left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b above.	not known, furnish an estimate and check the box	to the			
				Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees					
	Purchase of real estate					
	Purchase, rental or leasing and installation of m	achinery and equipment				
	Construction or leasing of plant buildings and fa	acilities				
	Acquisition of other business (including the val	ue of securities involved in this				
	offering that may be used in exchange for the as					
	issuer pursuant to a merger)					
	Repayment of indebtedness					
	Working capital				$\boxtimes$	\$2,004,000.00
	Other (specify):					
	Column Totals				$\boxtimes$	\$2,004,000.00
	Total Payments Listed (column totals added)			\$2.004.0	00.00	
		D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by a mature constitutes an undertaking by the issuer to fur formation furnished by the issuer to any non-accredite.	rnish to the U.S. Securities and Exchange Com	missio			
lss	suer (Print or Type)	Signature 7		Date		··-
	erance Corporation	A. Mais Ve hou	e e	November /	<u>'S, 2002</u>	2
Na	nme of Signer (Print or Type)	Title of Signer (Print or Type)				
F	'. Mario Petrocco	Chief Financial Officer				

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)